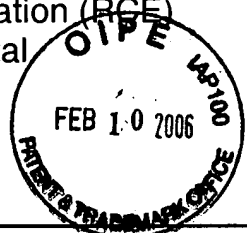


02-13-06

RCE
ZFW

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Request For Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/726,180
	Filing Date	December 02, 2003
	First Named Inventor	Savekar
	Art Unit	2676
	Examiner Name	Kee M. Tung
	Attorney Docket Number	15147US02



This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 C.F.R. 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ Enclosed

i. ☒ Amendment/Reply

ii. ☐ Affidavit(s)/Declaration(s)

iii. ☒ Information Disclosure Statement (IDS)

iv. ☐ Other _____

2. **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required)

b. ☐ Other _____

3. **Fees** The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 13-0017. I have enclosed a duplicate copy of this sheet.

i. ☐ RCE fee required under 37 C.F.R. 1.17(e)

ii. ☐ Extension of time fee (37 C.F.R. 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	February 10, 2006
Name (Print /Type)	Mirut P. Dalal, Esq.	Registration No.	44,052

CERTIFICATE OF MAILING via EXPRESS MAIL			
I hereby certify that this correspondence is being deposited with the United States Postal Service by Express Mail, Label No. EV 729164027 US addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313 on the date shown below.			
Signature			
Name (Print /Type)	Mirut P. Dalal, Esq.	Date	February 10, 2006

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

02/14/2006 SFELEKE1 00000011 130017 10726180

01 FC:1801 790.00 DA



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 15147US02)

In the Application of:

Savekar, *et al.*

Serial No. 10/726,180

Filed: December 2, 2003

For: SYSTEM, METHOD, AND
APPARATUS FOR DISPLAY MANAGER

Examiner: Kee M. Tung

Group Art Unit: 2676

EXPRESS MAIL NO. EV 729164027 US

DATE: February 10, 2006

REQUEST FOR CONTINUED EXAMINATION PURSUANT TO 37 C.F.R. 1.114


Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby requests, pursuant to 37 CFR 1.114, continued examination of the above identified application. Applicant hereby authorizes the Commissioner to charge the fee set forth in 37 CFR 1.17(e), as well as any other fees required to the Deposit Account of McAndrews, Held & Malloy, Ltd., Account No. 13-0017.

RESPECTFULLY SUBMITTED,

Date 2/10/06



Mirut Dalal
ATTORNEY FOR APPLICANTS
Registration No. 44,052

McANDREWS, HELD & MALLOY
500 W. Madison – 34th Floor
Chicago, IL 60661
Phone: (312) 775-8000
FAX: (312) 775-8100

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818). <div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block; text-align: center;"> PTO FEB 10 2006 </div> <div style="margin-left: 20px;"> FEE TRANSMITTAL for FY 2005 </div>			Complete if Known				
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			Application Number	10/726,180			
			Filing Date	December 02, 2003			
			First Named Inventor	Savekar, et al.			
			Examiner Name	Kee M. Tung			
			Art Unit	2676			
			Attorney Docket No.	15147US02			
TOTAL AMOUNT OF PAYMENT (\$) 970.00							
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy, Ltd.</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
Fee Description	Small Entity						
	Fee(\$)	Fee(\$)					
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25					
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)	
_____ -20 or HP	_____ x _____	= _____					
HP = highest number of total claims paid for, if greater than 20							
_____ Indep. Claims	_____ Extra Claims	_____ Fee(\$)	_____ Fee Paid (\$)				
_____ -3 or HP	_____ x _____	= _____					
HP = highest number of independent claims paid for, if greater than 3							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)			
_____ -100	_____ /50	_____ (round up to a whole number) x _____	= _____				
	Fee Paid(\$)						
Non-English Specification, \$130 fee (no small entity discount)	_____						
Other: Information Disclosure Statement	180.00						
Request for Continued Examination Pursuant to 37 CFR 1.114	790.00						
Signature		Registration No. (Attorney/Agent)	44,052	Telephone	(312)775-8000		
Name (print/type)	Mirut P. Dalal, Esq.	Date	February 10, 2006				